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LOFTUS
URBAN DISTRICT COUNCIL

R E P O R T
for the Year 1956

of the Medical Officer of Health
W. H. BUTCHER, V.R.D., M.A.,
D.M., D.P.H., BARRISTER - AT - LAW,
SURGEON COMMANDER R.N.V.R.



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TO THE CHAIRMAN AND MEMBERS
OF THE
LOFTUS URBAN DISTRICT COUNCIL.

MADAM CHAIRMAN AND GENTLEMEN,

I beg to submit my Annual Report for the year 1956, the contents and arrangement of which are in accordance with Circular 19/56 of the Ministry of Health. This is the tenth annual report which I have written; I feel that after a time an annual report tends to become stereotyped so that they who read it sigh at the sight of the oft repeated phrases, the familiar tables of statistics and the dull repetition; therefore in what follows I shall attempt to depart from my former limits and write on somewhat wider lines regarding matters that concern the health of the people of the District, though I trust that my digressions will not appear irrelevant or superfluous.

I would like at the outset to record my thanks to the Chairman and Members of the Health Committee for their encouragement throughout the year and to Mr. T. C. Ellison for his co-operation. I am glad to observe that the amount of work done shows considerable improvement in the inspection of the District for nuisances and particularly in meat inspection and in the supervision of the Food Hygiene Regulations 1956: I thank Mr. W. C. Ransom for his efforts in these matters. I hope that in 1957 he will be able to devote the necessary attention to Housing and Slum Clearance. Finally I thank Mr. R. K. Nuttall who at the District Health Office has materially helped me in my labours.

It would be remiss of me not to mention the passing away of a name that has a long and honourable history in the service of the people, that of "Sanitary Inspector". Since today the duties of this officer extend far beyond what is usually implied by the term "sanitary" and besides nuisances, drains, smells and "insanitary conditions" generally, include food inspection, the cleanly handling of food, smoke prevention, investigations into outbreaks of diseases, the matter of housing in its widest aspect and the education of the public in healthy living, I think that the term "Public Health Inspector" better describes to the people the extent of his duties.

I have the honour to be,

Madam and Gentlemen,

Your obedient servant,

W. H. BUTCHER,

Medical Officer of Health.

District Health Office,

Park Lane,

Guisborough.

May 14th, 1957.

TABLE 1
Public Health Officers

Whole Time Officers	Guisborough Urban District	Skelton & Brotton Urban District	Loftus Urban District
Medical Officer of Health who is also Asst. County Medical Officer No. 4 Area N.R.C.C. and School Medical Officer, N.R.C.C.	Dr. W. H. Butcher		
Public Health Inspectors	Mr. A. T. Pallister*	Mr. J. J. Pattison	Mr. W. C. Ransom*
Additional Public Health Inspector	Mr. E. Ward		

*Also Surveyor of the district concerned

SECTION I

Vital Statistics and Social Conditions of the Area

Population

The Registrar-General's estimate of the population of the district in the mid-year 1956 is 7,670, as compared with one of 7,700 for the mid-year 1955.

General Statistics

I am indebted to the Financial Officer of the Council for the following figures:—

1. Area of the District in acres	....	....	9,974
2. No. of inhabited houses	....	....	2,632
3. Rateable Value	....	....	£68,595
4. Sum represented by a penny rate	....	....	£256

The District consists of the neat town of Loftus, the industrial communities of Skinningrove and of part of Carlin How and the hamlets of Liverton, Scaling, Easington, Street Houses and Cowbar. Gentle wooded ravines, the griffs of the Danish settlers, intersect rolling uplands studded with farms that reach northwards to the height of 699 feet at Boulby, or Rockcliff, the highest headland in England and Wales; southwards the fields merge with the moors at a height of nigh on 1,000 feet. The principal industries today are the great Skinningrove Iron and Steel Works, and Agriculture. The Alum workings on Rockcliff, to which once Loftus owed its prosperity, ceased to be operated in 1868; and now of the ironstone mines only one is worked; while inshore fishing has practically ceased as a means of livelihood.

I see most of the infants and school children; their general health, their physical condition and the parental care that they receive is good. Much of that is due to the work of the Health Visitors, valuable though undramatic, and lacking the emotional appeal of curative medicine. Each Health Visitor is a State Registered Nurse and a Midwife and in addition holds by examination, the Health Visitor's Certificate. I also appreciate the interest taken in the welfare of the school children by the Headmasters and Headmistresses of the schools.

Another digression of mine is to comment on the vital work of the Domestic Help Service, which enables many old people to remain in their houses, instead of being unwilling inmates of costly institutions, whether Old People's Homes or Hospitals. The demand for the service is increasing and it may not always be possible to give all the help that it is felt these old folk should have or deserve; many live alone and have no relations; others, however have sons or daughters. Unfortunately in some cases the sons or daughters apparently consider that the Domestic Help Service absolves them from all responsibility for the care of their aged parent or parents.

This attitude towards the elderly—a courteous term which was current formerly and seems to have dropped out of use—arouses the curiosity of others besides myself. Does it extend more deeply and more widely than is apparent? I ask this question for several reasons which I shall outline below:—

When I go round visiting the old folk who have domestic help—and they constitute only a small proportion of the elderly—I am struck by how they have to scrape along in poverty, while it is claimed that England has never been so prosperous; yet those who have served her well through two wars and through at least one long and severe depression have not the wherewithal to brighten their declining years. The elderly are increasing in number and will increase still more: it is not their fault that they have survived: their lives have been lengthened by preventive medicine. But do the middle-aged and the young welcome this survival of their elders (in their unconscious minds of course, because naturally they would one and all strenuously deny the contrary)? There still appears a reluctance to employ those getting elderly; I do not suggest that those with some impairment of health should struggle along at tasks no longer within their capacity: on general grounds I agree that a watch maker is more likely to work to a greater age than a London bus driver, but I do not believe that an elderly man in possession of his faculties and senses is more accident-prone than a younger man; on the contrary he has so far survived and experience has taught him to anticipate the mistakes that he and others are capable of making. But today so many of us are employed in occupations where experience and judgement are held in small account and only speed, speed, yet more speed is required. I can well understand that the elderly quite naturally cannot face speed, coupled with monotony, and boredom. Speed, monotony, boredom, frustration, appear the lot of too many people today in industry—it is to be hoped that automation will be the mental salvation of mankind in the second half of the twentieth century.

I now will digress on the health aspects of the employment of married women with families. I am not alluding to the employment of married women who earn substantial salaries, for they can employ domestic labour, adequate in amount and properly paid in the home. I allude to the ordinary woman who earns £3 to £5 a week by an absence from home for anything up to eleven hours a day for five days a week. I ask you, how can she be physically or mentally fit on her return to be a comrade to her husband and her children, much less do the housework, laundry, repair the children's clothes, etc.? Naturally I assume the conditions where she works are being maintained entirely satisfactorily from the health aspect—sometimes assumptions are false.

From time to time I am asked by my Authorities to advise on the medical aspects of an application for rehousing. Naturally I am delighted to help my Authorities in any way and I hope that my observations have been, at least in some cases, of value to each of them in forming a decision. Where there is a tuberculous person in the household, with his or her co-operation I can give a definite opinion about the infectiousness of the case and on the need for rehousing; there I am on firm ground, but with other illnesses I am frankly disappointed with the results of rehousing in the cases that I have followed up. Moreover that is not surprising because in departures from health there are usually other factors besides the housing and these other factors often are such matters as family harmony or discord, relations with the neighbours, satisfaction with one's employment and the personalities of the persons composing the household. These factors can play a big part in the applicant's wish to be rehoused, though naturally he does not realise that, and can be of more importance than the alleged physical reason; moreover since these factors will not be altered by rehousing the expected improvement in health does not take place after rehousing. I shall try to give one or two examples: One Authority rehoused a family one of whose members suffers from a chest complaint (not tuberculous); the family had been living under deplorable housing conditions and rehousing was necessary. But the transfer to a Council house has not helped the patient's chest complaint, because the latter is psychosomatic (one where mind influences body) and depends on his reactions to his family and his family's reaction to himself. Again ageing couples want to be rehoused who have some increasing disability or other; usually they want a bungalow, rarely a flat. Since their house has become too large for them and they would be cosier in smaller accommodation, with less housework and heating, their rehousing is a good proposition, socially and economically, but not because of the physical disability that they give as a reason. That disability is part of *anno domini* and will not get any less wherever they live; they should be advised to ignore it as much as they can, so that it does not become a disablement. I do not wish to belittle the importance of psychological reasons for rehousing; on the contrary, in justifiable cases they can be most weighty and rehousing can prevent family discord, family break-up and also a mass of ill-defined ill-health. I need only mention the oft-quoted example of the young couple, one of whom is not getting on too well with the "in-laws". The last case is the direct opposite of the person with the chest complaint,

for the young couple on being rehoused leave their uncongenial family environment behind whereas, the chest case took his with him to the new house.

TABLE 2 — Vital Statistics

CAUSES OF DEATH		MALE	FEMALE
Tuberculosis, Respiratory		2	—
Tuberculosis, other		—	—
Syphilitic Disease	..	—	—
Diphtheria	..	—	—
Whooping Cough	..	—	—
Meningo-coccal infections	....	—	—
Acute poliomyelitis	....	—	—
Measles	....	—	—
Other infective and parasitic Diseases	....	—	—
Malignant neoplasm of stomach	....	2	5
Malignant neoplasm of lung, bronchus		—	—
Malignant neoplasm of breast	..	—	4
Malignant neoplasm of uterus		—	1
Other malignant and lymphatic neoplasms		5	5
Leukaemia	....	—	—
Diabetes	....	1	—
Vascular lesions of nervous system	....	7	10
Coronary disease, angina	...	10	6
Hypertension with heart disease	....	—	—
Other heart diseases	....	9	6
Other circulatory diseases	....	1	2
Influenza	....	—	2
Pneumonia	....	5	2
Bronchitis	....	4	1
Other diseases of respiratory system	....	1	—
Ulcer of stomach and duodenum	....	1	—
Gastro-enteritis and diarrhoea	....	—	—
Nephritis and nephrosis	....	—	—
Hyperplasia of prostate	...	2	—
Pregnancy, child-birth, abortion	....	—	—
Congenital malformations	...	—	—
Other defined or ill-defined diseases	...	4	1
Motor Vehicle accidents	....	1	—
All other accidents	....	3	2
Suicide	....	—	—
Homicide and operations of war	...	1	—
ALL CAUSES	..	59	47

Deaths

The deaths are classified under the thirty-six headings based on the Abbreviated List of International Statistical Classification of Diseases, Injuries and Causes of Death, 1948. 106 deaths of residents gave a death-rate of 13.8 per thousand of population; allowing for different age and sex distribution the comparable death-rate is 15.8 compared to 11.7 per thousand for England and Wales. Table 2 shows clearly what killed people in Loftus in 1956.

TABLE 3
Vital Statistics

			MALE	FEMALE	TOTAL
Live Births	....	....	72	67	139
Legitimate	..	....	70	64	134
Illegitimate	....	....	2	3	5
<hr/>					
Still Births	....	....	4	1	5
Legitimate	...	....	4	—	4
Illegitimate	....	....	—	1	1

Deaths of Infants under 1 year of age

			MALE	FEMALE
Total	....	....	3	1
Legitimate	....	....	3	1
Illegitimate	....	....	—	—

Births

The number of births registered in the district during the year was 139 giving a birth-rate of 18.2 per thousand of the population, or a corrected one of 18.4 as compared with 15.7 for England and Wales. Four infants under the age of one year died, giving an infantile mortality rate of 29.9 per thousand live births compared with one of 23.8 for England and Wales. Three of the infants who died were under four weeks of age.

SECTION II

Infectious Diseases

Table 4 shows that the incidence of the notifiable infectious diseases as notified except tuberculosis. I observe that 7 people died of pneumonia but not one was notified to me during life. Table 5 gives the incidence of tuberculosis.

TABLE 4

NOTIFIABLE DISEASES, 1956

(other than Tuberculosis)

	All Ages	Under 1 year	1 year	2	3	4	5—	10—	15—	25—	35—	45—	65—	Age Un- known
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	180	5	15	23	14	18	102	3	—	—	—	—	—	—
Whooping Cough	98	8	5	11	9	16	46	2	—	1	—	—	—	—
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	1	1	—	—	—	—	—	—	—	—	—	—	—	—

Tuberculosis.

Three new cases of respiratory tuberculosis and one of non-respiratory tuberculosis were notified during the year.

TABLE 5

Tuberculosis

AGE GROUPS			RESPIRATORY FORM		NON-RESPIRATORY FORM	
Years			Male	Female	Male	Female
0 to 4	....	....	—	—	—	—
5 to 9	....	....	—	—	—	—
10 to 14	....	....	—	—	—	—
15 to 19	....	....	—	—	—	—
20 to 24	....	....	—	—	—	—
25 to 44	....	....	1	1	—	1
45 to 54	....	....	1	—	—	—
55 to 64	....	....	—	—	—	—
65 to 74	....	....	—	—	—	—
TOTAL	....	....	2	1	—	1

There were two deaths from the respiratory form.

TABLE 6

Immunizations against Diphtheria or Whooping Cough and Diphtheria

	AGE GROUPS			
	UNDER 1	1 TO 4	5 TO 14	TOTAL
Completed Immunizations	81	27	1	109
Reinforcing Doses	—	—	22	22

Immunization was available to children at the hands of the family doctor, or at the school clinic of the Education Authority at Carlin How, and at the infant welfare centres of the Local Health Authority at Carlin How, Skinningrove and Loftus. Reinforcing doses were given at the schools by myself to children who had been immunized earlier in life.

Regarding protection against smallpox, none received primary vaccinations and none were revaccinated.

Regarding immunization against poliomyelitis there was sufficient vaccine available for some 60 children who received the two injections which at present is considered to be the complete course.

If we look back over such a trifle as twenty years what a contrast the tables present! Scarlet fever has become a negligible disease: measles is still with us, but its severity is less: Poliomyelitis has increased. From what I read in the newspapers, the notified cases of poliomyelitis seem to have a news value far greater than that of more prevalent and equally serious or more serious diseases. This is a pity because most people acquire natural immunity against it, and in an outbreak many harbour the virus without being particularly poorly or even off colour. Nevertheless a crippled individual or a death, rare as are both, is a challenge to Preventive Medicine. The procedure of immunization which was started during the summer is therefore worthy for acceptance by the public, though naturally the degree and duration of its protection can only be found by use over a period of time. Whooping Cough still remains the most deadly and crippling disease of childhood. Since 1952 protection against it combined with that against diphtheria has been offered to infants in the District. The figures given in Table 6 of the infants protected appear to me reasonably satisfactory.

The Salmonella infections however (typhoid, paratyphoid and many forms of food poisoning) still rear their ugly heads from time to time. No case occurred in your District, but two were notified in an adjoining part of the Urban District of Skelton and Brotton. Since these were relatives of one of the families resident in your District among whom three cases of typhoid were discovered in 1954, I decided that it was necessary to try to discover whether any of this family were still excreting the typhoid organisms.

For this purpose I placed sewer swabs in the sewer draining their street over a period of eleven weeks. All the swabs examined at the Public Health Laboratory, Middlesbrough, gave negative results. I thank your Surveyor and his staff for their willing co-operation and help.

The figures for tuberculosis show that this is indeed a declining disease in both its forms, the respiratory and the non-respiratory. I am well aware that improved social conditions—better general education, better wages, shorter hours of work, better housing—have played an important part in the decline of the respiratory and of some types of the non-respiratory form; but health supervision and health education, quicker diagnosis and more adequate treatment have played alone a vital part. And now we have B.C.G. immunization as a protection to children and adolescents, who have acquired no natural immunity and who may be particularly at risk. If we turn to those types of the non-respiratory form due to bovine infection what a change do we see and not one due in any way to the improved social conditions of the individual but to healthier animals and purer milk, good inspection and constant supervision.

But still the public must not allow itself to become self-satisfied and apathetic. The miniature Radiographic Unit visited Loftus in 1955 and only some 530 persons thought it worth their while to spend a couple of minutes having an X-ray of their lungs taken. Employers in industry—there are enlightened exceptions—too often do not co-operate in such ways as allowing the unit within their walls and letting the workers attend without wage deductions.

Tuberculosis could be practically stamped out in my districts where its incidence has already fallen to a low figure, if the public, including workers, employers and parents, co-operated heart and soul.

SECTION III

The General Provision of Health Services in the District

1. Laboratory Facilities.

This work is now done at the Public Health Laboratory, Middlesbrough, only the biological test for tuberculous milk being carried out at the Public Health Laboratory, Northallerton.

2. National Health Service Act, 1946.

With certain exceptions the Guisborough Area Health Sub-Committee of the Health Committee of the County Council exercises the functions of the Local Health Authority in supervising the day to day administration of the services provided under this Act. The Committee meets once a month at Guisborough. It is composed of members of the County Council, of the three District Councils of Guisborough, Skelton and Brotton and Loftus, and of certain co-opted members. Among the services administered are the following:—

Domestic Help Service.	Home Nursing.
Prevention of illness: Care and After Care.	Health Visiting.
Ambulance Service.	Midwifery.
Vaccination and Immunization.	Care of Mothers and Young Children.

3. Guisborough Area Voluntary Care Committee.

I would like to record the work done by this Body for the welfare of persons suffering from tuberculosis and other illnesses. Whereas in connection with the welfare of the tuberculous the Committee has certain funds allocated to it, for the welfare of other sufferers it depends entirely on voluntary contributions. Enquiries and requests for assistance may be made to the Honorary Secretary, District Health Office, Park Lane, Guisborough (Telephone: Guisborough 321).

4. National Assistance Acts, 1948 and 1951 — Section 47.

Again I managed to avoid advising the Local Sanitary Authorities to have recourse to the procedure laid down in these Acts.

SECTION IV.

Water Supplies

During the year I took 12 samples of the supply of the Cleveland Water Company; they were all found to be of a satisfactory bacterial quality.

One sample I took of the South Loftus supply of the Zetland Estates: it was classified as Class 4 and cannot be regarded as of satisfactory purity. I hope that with the completion of Scaling Reservoir the South Loftus source will no longer be used.

SECTION V.
Clean Air Act, 1956

Notwithstanding the fact that it has been known for years that a polluted atmosphere is responsible for much ill-health, the air in urban areas does not seem to me materially cleaner than it was fifty years ago. The cholera epidemics that recurred in Britain from 1832 to the seventies of the last century were sudden and terrifying visitations that in the end compelled our forefathers to spend their money in providing pure water supplies. But only very occasionally (I can recall only three occasions in forty years) are sudden and numerous deaths caused by a smoke-laden atmosphere: polluted air acts slowly by causing chronic ill-health which is not dramatic and is apt to be accepted as part and parcel of our existence. The Clean Air Act, 1956, will improve the public health, for so far it gives the Local Authority power in specified circumstances to take definite steps to make the air we breathe cleaner: up to now I have felt that smoke prevention was largely pious platitudes and wishful thinking, though the various Smoke Prevention Societies have done most useful work in educating the public and stimulating interest.

I propose to discuss here as concisely as I am able the matters that I think require at this stage the particular attention of the Local Authority.

Firstly there are the Model Byelaws, which read as follows:—

Part IVA — Smoke Prevention

(106A) (1) There shall be provided in a new building (except in so far as heating is provided by furnaces to which Section 3 of the Clean Air Act, 1956, applies) only such appliances for heating or cooking as are suitably designed for burning any of the following fuels, namely:—

- (a) gas,
- (b) electricity,
- (c) gas coke, or anthracite,

or are appliances of a description exempted conditionally or unconditionally from the provisions of Section 11 of the Clean Air Act, 1956 (which relates to smoke control areas) by any order for the time being in force under subsection (4) of that section.

(2) This byelaw shall not apply in relation to a building begun before the date on which the byelaw comes into operation, or begun after that date in pursuance of plans deposited in accordance with byelaws before that date.

(3) Nothing in the foregoing provisions of these byelaws shall be taken to apply this byelaw when an alteration or extension is made to a building.

Fifty per cent of the smoke in the air of urban areas is caused by domestic fires. In view of the generous contribution of smoke (which term includes dust and grit) made to its surroundings by the Skinningrove Iron and Steel Company a sceptic might not accept that statement as the truth. While I am aware that at certain times and under suitable

circumstances conditions in Skinningrove and parts of Carlin How are serious as regards smoke, the readings from the smoke gauges erected by the Company, which I have been allowed to inspect by courtesy of the Company, situated in places as near as Loftus and Old Brotton show little or no pollution of the air by the Works over monthly periods. Such pollution as exists is mainly due to the local domestic fires.

I understand that more houses are likely to be built in your District within the next few years. If the Model Byelaws were adopted by the Local Authority a definite step towards Clean Air will have been achieved. It will be observed that, though the appliances installed must be suitable to burn smokeless fuels, there is under the Model Byelaws no prohibition of the burning of coal in place of coke or anthracite, so that these buildings may still make smoke. If the Local Authority decides to prohibit the production of smoke, a further procedure is required, not necessary in the immediate future because the rate of progress depends entirely on the supply of smokeless fuels. And this procedure is under Section 11 of the Clean Air Act, 1956, which enables the Local Authority to establish a Smoke Control Area by means of an order confirmed by the Minister of Housing and Local Government. If, under the Model Byelaws, the smokeless appliances are already in the buildings they will not have to be put in the buildings when a Smoke Control Area is established, otherwise the Local Authority must pay 70 per cent. of the cost of the conversions to smokeless appliances: the Minister is empowered to contribute 40 per cent. of the cost. The adoption of the Model Byelaws as applying to new buildings would appear the first step in this important public health advance.

SECTION VI.

Inspection and Supervision of Food

Milk

The following samples of milk were taken by me and submitted to the necessary chemical and bacteriological examinations. The results are shown below:—

TABLE 7

Type of Milk	No. of Samples	Passed statutory tests for cleanliness	Failed the same	Biological test shows infection with tuberculosis	Brucellus Abortus found
Tuberculin Tested	4	3	1	0	0

One dairy and six retailers are registered in the District. Seventeen visits were made, and, in the case of the dairy, advice was given by the Public Health Inspector on improving methods of cleansing and sterilisation of bottles and equipment, the recommendations being immediately put into effect.

Food Premises

There are within the district the undermentioned food premises:—

Butchers	6
Fishmongers	2
Grocers	19
Greengrocers	5
Bakers & Confectioners	2
Sweets & General Goods	26
Snack Bar	1
Canteens, Etc.	5
Licensed Premises	17

In cases where a shop deals in more than one type of goods cognisance has been taken of the main food stuffs dealt with.

Registered Food Premises

Premises registered under Section 16 of the Food and Drugs Act, 1955, are as under:

Preparation and sale of sausages, brawn, etc.	6
Sale of Ice-cream	22

Forty-eight visits of inspection of registered food premises were made during the year. Sausage making is the main work carried on in regard to meat products; the manufacture of brawns appears to be decreasing steadily in this area. In the case of ice-cream, all the premises registered are concerned in the sale of pre-packed ice-cream only.

No clean food guild is at present in operation in this district. I reported on this matter to the Committee in 1950.

Food Hygiene Regulations, 1956

Information on the requirements of these regulations was supplied to occupiers of all food premises in the district. Thirty-three visits were made to premises to give advice on these regulations, and in several premises considerable improvements were effected.

Ice-Cream

No ice-cream is manufactured in the district.

Licensed Premises

Seventeen inspections were made of the licensed premises in the district.

Fish Frying

There are ten fish frying premises in the district. These were inspected on seventeen occasions.

Bakehouses

There are two bakehouses in use in the district. Eight inspections of these were carried out.

Food Poisoning

No outbreak of food poisoning was notified to me during the year.

Byelaws

Byelaws made under Section 15 of the Food and Drugs Act, 1938, for securing the observance of Sanitary and Cleanly Practices and Conditions in connection with the Handling, Wrapping and Delivery of Food and Sale of Food in the open air.

Section 20 of the Milk and Dairies Regulations, 1949

No action was necessary under the above during the year.

Meat Inspection

There are four private slaughterhouses licensed by the Council, of which three are used for regular slaughtering by local butchers. Two hundred and sixty visits were made to slaughterhouses for meat inspections and 676 lbs. of meat and offal were condemned as being diseased or otherwise unfit for human consumption. All the meat was surrendered voluntarily. All condemned meat is stained and disposed of either by incineration under supervision or dispatch to approved sources or, in the case of bony masses by burial at the Council's tip.

The figures given in Table 9 show the amount of time and care given by Mr. W. C. Ransom to this important matter. During Mr. Ransom's absence on holidays, etc., I was able to continue to relieve him in these inspections: it is however doubtful if I could properly undertake this relief in another district as well, so arrangements were being made towards the end of the year for the Public Health Inspectors of Skelton and Brotton, Saltburn and Markse, and Loftus Urban Districts mutually to relieve each other at such times. All three gentlemen are qualified by examination to undertake Meat and Food Inspection.

TABLE 8

Carcases and Offal inspected and condemned in whole or in part

	Cattle Exclud- ing Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed (if known)	585	9	2	865	670	None
Number inspected	358	6	1	361	368	—
All diseases except Tuberculosis & Cysticerci						
Whole carcases condemned	—	—	—	—	1	—
Carcases of which some part or organ was condemned	26	—	—	4	3	—
Percentage of the number inspected affected with dis- ease other than tubercu- losis and cysticerci	7.2 ^o _o	—	—	1.1 ^o _o	1.0 ^o _o	—
Tuberculosis only :						
Whole carcases condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	10	1	—	—	5	—
Percentage of the number inspected affected with tuberculosis	2.8 ^o _o	16.6 ^o _o	—	—	1.4 ^o _o	—
Cysticercosis						
Carcases of which some part or organ was condemned	—	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

SECTION VII.

Housing

I give below the figures of the housing inspections.

TABLE 9
Housing Statistics

Number of New houses completed in 1955

(a) By Private Owners	....	....	....	....	2
(b) By the Council	....	....	....	....	5
1. <i>Inspection of dwellinghouses during the year</i>					
(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	....	....			63
(b) Number of inspections made for the purpose	....	....			95
(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	....	....			0
(b) Number of inspections made for the purpose	....	....			0
(3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	....				0
(4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found to be not in all respects reason- ably fit for human habitation	....	....	....		57
2. <i>Remedy of defects during the year without service of formal notices</i>					
(1) Number of defective dwellinghouses rendered fit or repaired in consequence of informal action by the local authority or their officers	....	....	....	....	51
3. <i>Action under Statutory Powers during the year</i>					
A. Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936					
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	....	....	....		0
(2) Number of dwellinghouses rendered fit after service of formal notices					
(a) By Owners	....	....	....	....	0
(b) By local authority in default of owners	....	....			0
B. Proceedings under Public Health Acts					
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	....	....			0
(2) Number of dwellinghouses in which defects were remedied after service of formal notices	....	....	....
(a) By Owners	....	....	....	....	0
(b) By local authority in default of owners	....	....			0

Table 9—Housing Statistics—continued

C.	Proceedings under Sections 11 and 13 of the Housing Act, 1936		
(1)	Number of dwellinghouses in respect of which Demolition Orders were made		0
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders		0
D.	Proceedings under Section 12, Housing Act, 1936, Housing Act, 1949 (3), or Local Government (Miscellaneous Provisions) Act, 1953 (10, 11)		
(1)	Number of separate tenements or underground rooms in respect of which closing orders were made		0
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit		0
4.	<i>Housing Act, 1936, Part 4, Overcrowding</i>		
	No accurate figures are available.		
5.	<i>Housing Act, 1949, and Housing Repairs and Rents Act, 1954</i>		
(1)	(a) Number of Improvement Grants made		3
	(b) Number of Improvement Grants refused		0
(2)	(a) Number of Certificates of Disrepair granted		0
	(b) Number of Certificates of Disrepair revoked		0

SECTION VIII

Sanitary Circumstances of the District

I give a table of the inspections for nuisances carried out during the year by the Public Health Inspector, Mr. W. C. Ransom.

TABLE 10

Nuisances

Total number of inspections made for nuisances only	....	287
Nuisances found	....	61
Nuisances in hand, end of previous year	....	9
		<hr/>	
Total needing abatement	....	70
Abated during the year	....	62
		<hr/>	
Outstanding at end of year	....	8
		<hr/>	
Notices served, informal	61	Complied with	62
Notices served, statutory	0	Complied with	0
Number of summonses or other legal proceedings	..		0

Regulated Buildings, Trades, etc.

There are no common lodging houses, houses let in lodgings or 'knackers' yards.

Byelaws in force in the District

Building Byelaws, 21st August, 1953.

Closet Accommodation

There are 90 privies with fixed receptacles and 280 pail closets in the district. In addition there are 3,039 water closets. Six pail closets and two privies were reconstructed as W.C.'s. Twelve water closets were constructed for new houses.

Scavenging.

Public scavenging is in operation throughout the district on a weekly basis with the exception of isolated dwellings. The refuse is disposed of by means of tipping. A considerable improvement in tipping methods has been made, and as much of the practice of controlled tipping as is practicable has been achieved.

Shops Act, 1934, Sections 10 and 13.

Twenty-eight visits were paid under the above section. Unsatisfactory conditions were found in three instances and remedied.

Tents, Vans and Sheds

There is one site: it was inspected on five occasions.

Drainage and Sewerage

There is no sewage disposal works in the district, the sewage being discharged into the sea. Sewerage scheme at Cowbar completed. With the growth of out-lying communities such as Easington and Liverton the disposal of sewage will, I am convinced, present difficulties. It must be borne in mind that the water courses that drain these localities are small and in rainless periods insignificant or as in 1949 at Easington dry, except for sewage. With any sewage works whether the largest under hourly supervision or one from a single dwelling, which after installation is usually forgotten, there should be at least a 1 in 8 dilution of the effluent with stream water.

Water testing of new drainage work is carried out.

SECTION VIII : Factories Act, 1937 and 1948

The following figures have been returned to the Director of Statistics, Ministry of Labour and National Service, regarding factories in the district.

TABLE 11

1. Inspections for the purposes of provisions as to health (including inspections made by Public Health Inspector)

Premises	No. on Register	No. of Inspections	No. of written Notices	Occupiers Prosecuted
(I) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	24	30	—	—
(II) Factories not included in (I) in which Section 7 is enforced by Local Authority	—	—	—	—
(III) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	—	—	—	—
TOTAL	24	30	—	—

2. Cases in which defects were found.

	Number of cases in which defects were found			
	Found	Remedied	Referred to H.M. Inspector	By H.M. Inspector
Want of Cleanliness	2	2	0	0
Defective Sanitary Accommodation	1	1	0	0
TOTALS	3	3	0	0

